

**Name of Program**  
**Address**  
**Phone**

### INDIVIDUAL SERVICE CONTRACT

\*Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Cause Number: \_\_\_\_\_ Referral Court: \_\_\_\_\_

Clinical Impression:           (Alcohol Abuse, Cannabis Dependence, Anger Management Issues, etc)          

\*Supporting Evidence:                     (this includes blackouts, past periods of abstinence, past treatment, current or past legal, tolerance, daily drinking/using, etc.—could be in a checklist format                    

\*Required Services:

\_\_\_\_\_ Substance Abuse Information  
                     (Minimum 8 hours)

\_\_\_\_\_ Intensive Outpatient Program

\_\_\_\_\_ Basic Substance Abuse Education  
                     (Minimum 10 hours)

\_\_\_\_\_ Individual Counseling for  
                     \_\_\_\_\_

\_\_\_\_\_ Advanced Substance Abuse Education  
                     (Minimum 20 hours)

\_\_\_\_\_ 12-step groups \_\_\_\_\_ times per week

\_\_\_\_\_ Outpatient Group Counseling  
                     (Minimum 1x wk)

\_\_\_\_\_ Remain abstinent from all  
                     mood-altering chemicals

\_\_\_\_\_ Other \_\_\_\_\_

\_\_\_\_\_ Breathalyzer / Urinalysis

Client input in plan: **none, client wants to get a job, GED, work on anger issues, abuse issues, refuses services, Spanish-speaking counselor/instructor, etc.**

Agency: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Contact Date: \_\_\_\_\_

\*I understand and have participated in the development of this contract. I understand that I must complete the above requirements in order to fulfill this contract and failure to do so could result in my return to court and possible further disposition of my case. I have received a copy of this contract.

\_\_\_\_\_  
 \*Client Signature

\_\_\_\_\_  
 \*Date

\_\_\_\_\_  
 \*Assessment Staff Signature

\_\_\_\_\_  
 \*Date